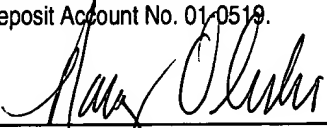
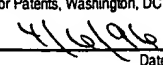


FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-433B		
Serial No. 08/951,733	Filing Date October 16, 1997	Examiner G. Bugaisky	Group Art Unit 1652			
In Re Application of Harrington, et al.						
For NOVEL GENES ENCODING TELOMERASE PROTEINS						
<p>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</p> <p><input type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):</p> <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$380.00) <input type="checkbox"/> Three months of original due date (\$870.00) <input type="checkbox"/> Four months of original due date (\$1,360.00) <input type="checkbox"/> Five months of original due date (\$1,850.00) <p><input checked="" type="checkbox"/> A response in connection with the matter:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: 						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*33	Minus	32	1	x \$18	=\$18.00
Indep. Claims	*15	Minus	14	1	x \$78	=\$78.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+\$260	=
Total Additional Fee for this Amendment					\$96.00	
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <u>\$96.00</u>. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
<p><u>Please Send Future Correspondence To:</u> US Patent Operations/NAO Dept. 430, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799</p>				<p> _____ Nancy A. Oleski Attorney/Agent for Applicant(s) Registration No.: 34,688 Phone: (805) 447-6504 Date: April 6, 1999</p>		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231, on the date appearing below.



 Date



 Signature